

Direct Certification Medicaid Reduced-Price Eligibility Notification Letter

Local Educational Agencies (LEAs) must notify households of their eligibility for reduced-price meals based on Direct Certification with Medicaid matching and maintain a record of the notification. The notification must include:

- The student(s) eligible for reduced-price benefits.
- A statement that no further application is necessary.
- A statement that the household can complete a Free and Reduced-Price Meals Application to determine if the household is eligible for free meals based on household size and income.
- A copy of the Free and Reduced-Price Meals Application and the Income Eligibility Guidelines.
- Instructions that the household must notify, in writing, school officials if they do not want reduced-price benefits for their student(s).

Attached is a prototype notification letter for Direct Certification, *Eligibility Notification Letter-Direct Certification for Medicaid Direct Certification Reduced-Price Meals*. The page is designed to be printed on 8½" by 11" paper.

Questions regarding this packet may be directed to the School Nutrition Programs unit at mde-schoolnutrition@michigan.gov or 517-373-3347.

Eligibility Notification Letter – Direct Certification Medicaid Reduced-Price Meals

Date:

Dear Parent or Guardian:

The following student(s) in your household is (are) approved for reduced-price school meals based on Direct Certification Medicaid Matching.

Name of Student	Grade	School

APPROVED:

- ☐ Reduced-Price Lunch
☐ Reduced-Price Breakfast

If there are other children in the household not listed above and you would like them to receive reduced-price meals, or if you have any questions, please contact: [Name] [Phone] [Email]

No further application is necessary. In the event that your household might qualify for free meals rather than reduced-price meals based on household size and income, the Free and Reduced-Price School Meals Family Application and the Income Eligibility Guidelines are enclosed.

If a doctor has determined that your child has a disability, and the disability would prevent the child from eating the regular school meal, the school will make any substitution prescribed by a doctor at no extra charge. The doctor's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school. For further information, please call the number listed above.

USDA Nondiscrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax:

(202) 690-7442; or

email:

program.intake@usda.gov.

This institution is an equal opportunity provider.

If you do not want your student(s) to receive reduced-price meals, please fill out and return the statement below to the school office.

I do not want my student(s) _____ to receive reduced-price meals.

Parent or Guardian Signature

Date